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The Causal Link Between COVID-19 Vaccination and Mortality

Epidemiologist Nicolas Hulscher Joins Dr. Idriss J. Aberkane to Present Autopsy Findings in Deaths Following COVID-19 Vaccination

By Dr. Idriss J. Aberkane and Nicolas Hulscher
Global Research, May 15, 2026
Focal Points
Theme: Science and Medicine

I joined Dr. Idriss J. Aberkane, PhD—a French polymath and triple doctorate holder in neuroscience, comparative literature, and the geopolitics of knowledge—for a critical conversation on the deeply concerning autopsy findings following COVID-19 vaccination. These post-mortem investigations reveal a clear causal link between the vaccines and death, with vaccine-derived mRNA and spike protein repeatedly detected in the vital organs of the deceased.

We reviewed the following key studies that shed critical light on the pathological consequences of COVID-19 vaccination: see this.

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My very first scientific manuscript. The largest COVID-19 vaccine autopsy study to-date, providing robust evidence that COVID-19 vaccines can cause death via multiple organ systems. We found that 73.9% of the deaths were directly due to or significantly contributed to by the shots. This study has endured relentless censorship in it's journey to final publication.

Among the 240 deaths adjudicated as related to the vaccine, the primary causes of death were:

1. Sudden cardiac death (35%)
2. Pulmonary embolism (12.5%)
3. Myocardial infarction (12%)
4. Vaccine-induced thrombotic thrombocytopenia (VITT) (7.9%)
5. Myocarditis (7.1%)
6. Multisystem inflammatory syndrome (4.6%)
7. Cerebral hemorrhage (3.8%)

> **Conclusions:** The consistency seen among cases in this review with known COVID-19 vaccine mechanisms of injury and death, coupled with autopsy confirmation by physician adjudication, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death.

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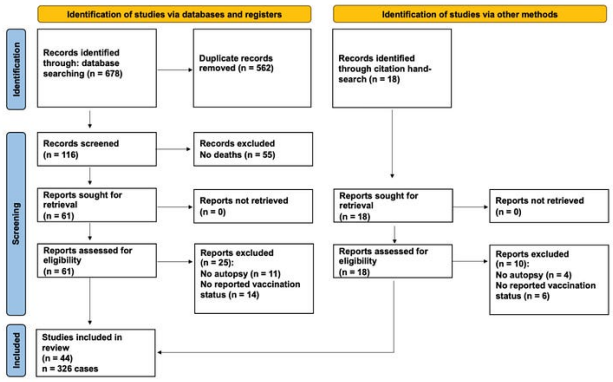
SCIENCE, PUBLIC HEALTH POLICY AND THE LAW

SYSTEMATIC REVIEW

A Systematic Review Of Autopsy Findings In Deaths After COVID-19 Vaccination

NICOLAS HULSCHER * PAUL E. ALEXANDER RICHARD AMERLING HEATHER GESSLING ROGER HODKINSON WILLIAM MAKIS HARVEY A. RISCH MARK TROZZI PETER A. MCCULLOUGH

PEER REVIEWED, PUBLIC HEALTH, SCIENCE 11/17/2024 v5.2019-2024


Identification of studies via databases and registers
Identification of studies via other methods
Identification
Screening
Included
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Duplicate records removed (n = 562)
Records identified through citation hand-search (n = 18)
Records screened (n = 116)
Records excluded No deaths (n = 55)
Reports sought for retrieval (n = 61)
Reports not retrieved (n = 0)
Reports sought for retrieval (n = 18)
Reports not retrieved (n = 0)
Reports assessed for eligibility (n = 61)
Reports excluded (n = 25): No autopsy (n = 11) No reported vaccination status (n = 14)
Reports assessed for eligibility (n = 18)
Reports excluded (n = 10): No autopsy (n = 4) No reported vaccination status (n = 6)
Studies included in review (n = 44) n = 326 cases

Figure 1.
Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram Detailing the Study Selection Process

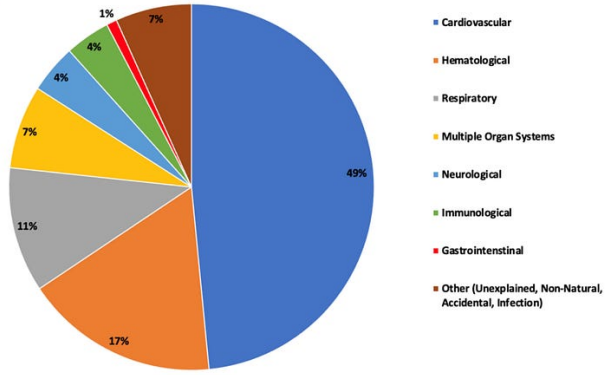

Figure 2. Proportion of Cases by Affected Organ System

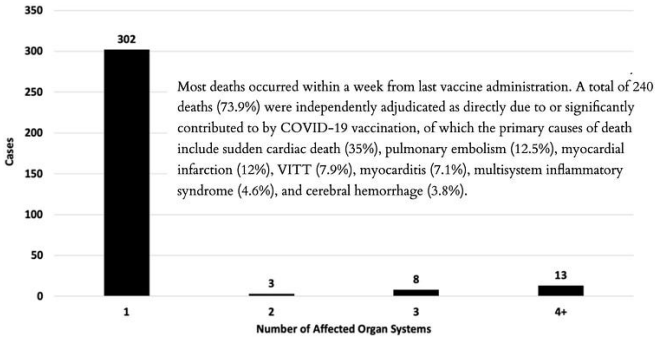
Cases
Number of Affected Organ Systems
302
3
8
13
1
2
3
4+
Most deaths occurred within a week from last vaccine administration. A total of 240 deaths (73.9%) were independently adjudicated as directly due to or significantly contributed to by COVID-19 vaccination, of which the primary causes of death include sudden cardiac death (35%), pulmonary embolism (12.5%), myocardial infarction (12%), VITT (7.9%), myocarditis (7.1%), multisystem inflammatory syndrome (4.6%), and cerebral hemorrhage (3.8%).

Figure 3. Number of Affected Organ Systems by Cases

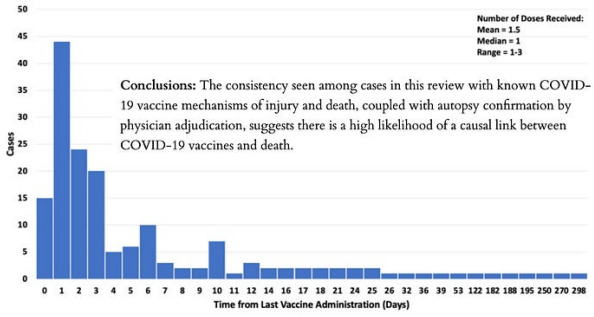
Cases
Time from Last Vaccine Administration (Days)
Number of Doses Received:
Mean = 1.5
Median = 1
Range = 1-3
Conclusions: The consistency seen among cases in this review with known COVID-19 vaccine mechanisms of injury and death, coupled with autopsy confirmation by physician adjudication, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death.

Figure 4.
Distribution of Time from Last Vaccine Administration to Death Among Cases

Click here for an enlarged view

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Our second autopsy paper focused solely on myocarditis deaths—proving that COVID-19 vaccine-induced myocarditis can be fatal. In all 28 autopsy-confirmed cases, the vaccine was causally linked to the death. Most deaths occurred within 3 days of vaccination.

Applying the Bradford Hill criteria, we confirmed a strong causal relationship between COVID-19 mRNA vaccination and fatal myocarditis, particularly in young, previously healthy individuals. These results shatter the false narrative that vaccine-induced myocarditis is rare and benign—it can and does result in sudden cardiac death.

> **Conclusions:** The temporal relationship, internal and external consistency seen among cases in this review with known COVID-19 vaccine-induced myocarditis, its pathobiological mechanisms, and related excess death, complemented with autopsy confirmation, independent adjudication, and application of the Bradford Hill criteria to the overall epidemiology of vaccine myocarditis, suggests that there is a high likelihood of a causal link between COVID-19 vaccines and death from myocarditis.

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ESC Heart Failure Open Access

Autopsy findings in cases of fatal COVID-19 vaccine-induced myocarditis

Nicolas Hulscher, Roger Hodkinson, William Makis, Peter A. McCullough

Figure 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram detailing the study selection process.

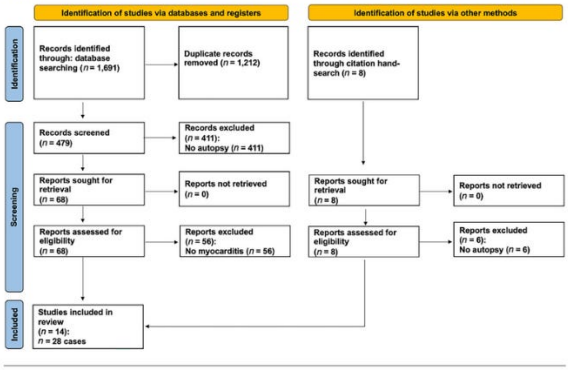

Identification of studies via databases and registers
Identification of studies via other methods
Identification
Screening
Included
Records identified through: database searching (n = 1,691)
Duplicate records removed (n = 1,212)
Records identified through citation hand-search (n = 8)
Records screened (n = 479)
Records excluded (n = 411): No autopsy (n = 411)
Reports sought for retrieval (n = 68)
Reports not retrieved (n = 0)
Reports sought for retrieval (n = 8)
Reports not retrieved (n = 0)
Reports assessed for eligibility (n = 68)
Reports excluded (n = 56): No myocarditis (n = 56)
Reports assessed for eligibility (n = 8)
Reports excluded (n = 6): No autopsy (n = 6)
Studies included in review (n = 14): n = 28 cases

Figure 3 Distribution of time from last vaccine administration to death.

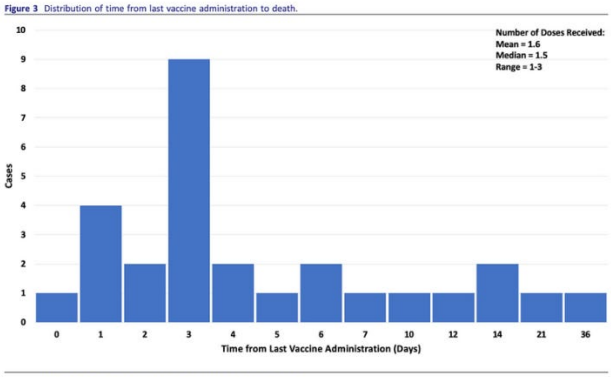


Figure 4 Evidence of SARS-CoV-2 Spike protein in cardiac tissue after COVID-19 vaccination. Representative immunohistochemical stainings of SARS-CoV-2 Spike protein in endomyocardial biopsies from patients diagnosed with inflammatory dilated cardiomyopathy (DCMi) after receiving Comirnaty® [(A, B) Patients 5 and 10] or Vaxzevria® [(C) Patient 13]. (D) SARS-CoV-2-positive cardiac tissue served as positive control. Magnification ×400. Scale bars: 20 m. Figure and legend reprinted from Baumeier *et al.*[17] Permission to use this figure has been granted in accordance with the open access Creative Commons CC BY 4.0 licence.

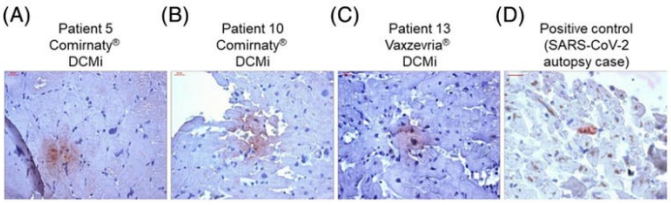
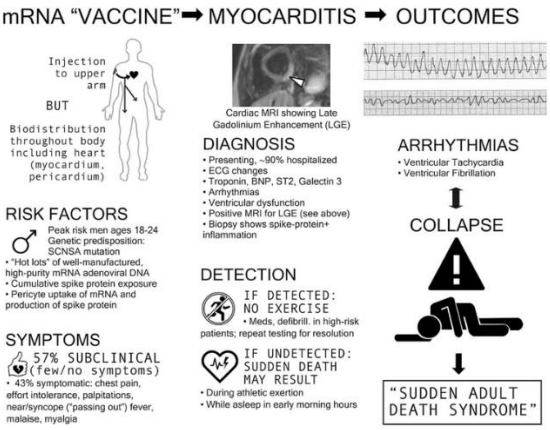


Figure 6 COVID-19 vaccine-induced myocarditis characteristics.


mRNA "VACCINE" ➡ MYOCARDITIS ➡ OUTCOMES
Injection to upper arm
BUT
Biodistribution throughout body including heart (myocardium, pericardium)
Cardiac MRI showing Late Gadolinium Enhancement (LGE)
RISK FACTORS
Peak risk men ages 18-24
Genetic predisposition: SCNSA mutation
• "Hot lots" of well-manufactured, high-purity mRNA adenoviral DNA
• Cumulative spike protein exposure
• Pericyte uptake of mRNA and production of spike protein
SYMPTOMS
57% SUBCLINICAL (few/no symptoms)
• 43% symptomatic: chest pain, effort intolerance, palpitations, near/syncope ("passing out") fever, malaise, myalgia
DIAGNOSIS
• Presenting, ~90% hospitalized
• ECG changes
• Troponin, BNP, ST2, Galectin 3
• Arrhythmias
• Ventricular dysfunction
• Positive MRI for LGE (see above)
• Biopsy shows spike-protein+ inflammation
DETECTION
IF DETECTED: NO EXERCISE
• Meds, defibrill. in high-risk patients; repeat testing for resolution
IF UNDETECTED: SUDDEN DEATH MAY RESULT
• During athletic exertion
• While asleep in early morning hours
ARRHYTHMIAS
• Ventricular Tachycardia
• Ventricular Fibrillation
COLLAPSE
"SUDDEN ADULT DEATH SYNDROME"

[Click here for an enlarged view]

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Vaccine mRNA and Spike protein are found in hemorrhagic stroke patients' brains up to 17 months post-vaccination.

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Contents lists available at ScienceDirect

Journal of Clinical Neuroscience

journal homepage: www.journals.elsevier.com/journal-of-clinical-neuroscience

Expression of SARS-CoV-2 spike protein in cerebral Arteries: Implications for hemorrhagic stroke Post-mRNA vaccination

Nakao Ota [a,*], Masahiko Itani [b,c], Tomohiro Aoki [b], Aki Sakurai [d], Takashi Fujisawa [e], Yasuaki Okada [a], Kosumo Noda [a], Yoshiki Arakawa [c], Sadahisa Tokuda [a], Rokuya Tanikawa [a]

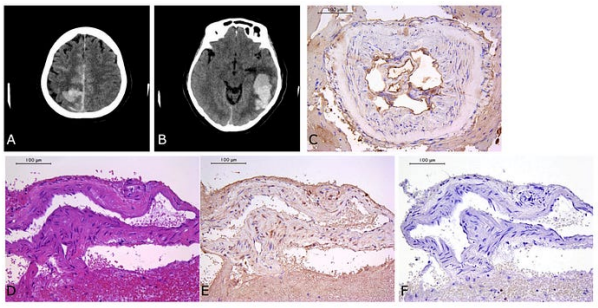

Fig. 1. Atypical intracerebral hemorrhage case expressing the COVID-19 spike protein. A, B: Computed tomography reveals intracerebral hemorrhage along with subarachnoid and subdural hemorrhages in the left temporal lobe and right parietal lobe. **C:** Immunohistochemical staining using MA5-35946 (mouse monoclonal [1A9] S2 domain) shows positive staining for the spike protein in the intima of the vessel. **D:** Hematoxylin and eosin staining of brain tissue. **E:** Immunohistochemical staining using MA5-35946 (mouse monoclonal [1A9] S2 domain) demonstrates positive staining for the spike protein in the intima of the vessel and smooth muscle. **F:** Direct Fast Scarlet staining shows negative results for amyloid protein.

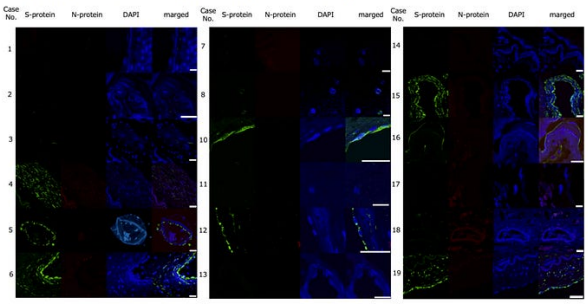

Fig. 2. Immunohistochemical staining of study cases. Cases 4, 5, 6, 10, 12, 15, 16, 18, and 19 showed positive staining for the SARS-CoV-2 spike protein. None of the cases showed positive staining for the nucleocapsid protein. The specimen of the case 9 is defective. Scale bar indicates 20 μm. S-protein; Spike protein, N-protein; Nucleocapsid protein, DAPI; 4′,6-diamidino-2-phenylindole.

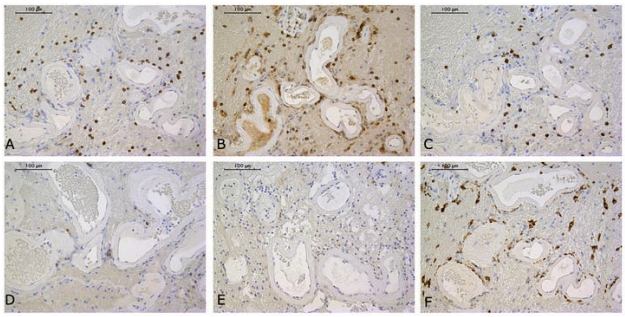

Fig. 3. Immunohistochemical staining of study case 16. An 88-year-old woman presented with subcortical hemorrhage, with history of seven vaccination and no history of COVID-19 infection. A: Immunohistochemical staining for CD3 demonstrated that CD3-positive cells infiltration. B: Immunohistochemical staining for CD4 demonstrated that CD4-positive cells are infiltration in the intima. C: Immunohistochemical staining for CD8 demonstrated that CD8-positive cells are infiltration in the adventitia. D: Immunohistochemical staining for CD20 demonstrated no obvious infiltration. E: Immunohistochemical staining for CD38 demonstrated no obvious infiltration. F: Immunohistochemical staining for CD68 demonstrated CD68-positive cells infiltration in the intima.

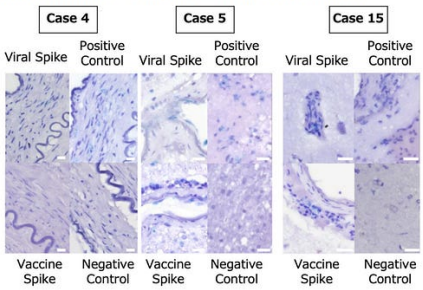

Fig. 5. Result of in situ hybridization of the case 4, 5 and 15. The specimens from cases 5 and 15 consist of brain tissue samples taken near the hematoma, while the specimen from case 4 is from the anterior cerebral artery, adjacent to the affected lesion, which was treated with trapping and excision of the aneurysm. Negative and positive controls were successfully validated for all cases. Furthermore, viral spike mRNA and vaccine-derived mRNA were detected as positive in all cases. A light blue luminescence indicates a positive result for mRNA specific to the probes. Scale bar indicates 20 μm. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)

Click here for an enlarged view

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Autopsies Find Widespread Dissemination of Vaccine Spike Protein In Various Tissues and Organs

Baumeier et al found vaccine Spike protein with inflammation directly in the cardiac tissue of individuals with COVID-19 vaccine-induced myocarditis.

Krauson et al detected Pfizer vaccine mRNA in the heart tissue of recently vaccinated deceased individuals.

Morz found only Spike protein but no nucleocapsid protein within the foci of inflammation in both the brain and the heart of a deceased triple-vaccinated individual.

Mikami et al found vaccine Spike protein with no nucleocapsid in a COVID-19 vaccinated person's thalamus, pons, and pituitary and adrenal glands.

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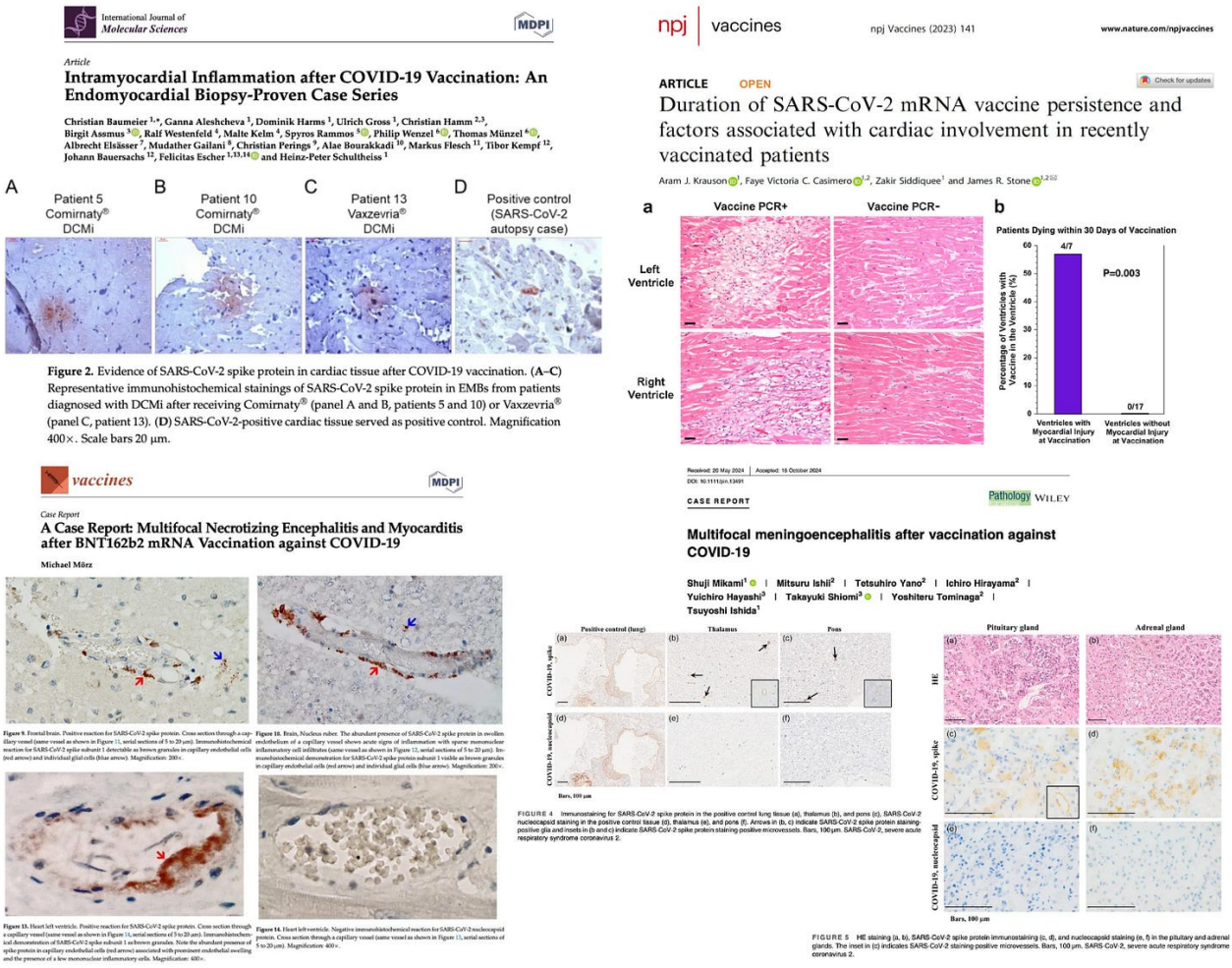
International Journal of Molecular Sciences
MDPI
Article
Intramyocardial Inflammation after COVID-19 Vaccination: An Endomyocardial Biopsy-Proven Case Series
A
Patient 5 Comirnaty® DCMi
B
Patient 10 Comirnaty® DCMi
C
Patient 13 Vaxzevria® DCMi
D
Positive control (SARS-CoV-2 autopsy case)
Figure 2. Evidence of SARS-CoV-2 spike protein in cardiac tissue after COVID-19 vaccination. (A–C) Representative immunohistochemical stainings of SARS-CoV-2 spike protein in EMBs from patients diagnosed with DCMi after receiving Comirnaty® (panel A and B, patients 5 and 10) or Vaxzevria® (panel C, patient 13). (D) SARS-CoV-2-positive cardiac tissue served as positive control. Magnification 400×. Scale bars 20 µm.
npj vaccines
npj Vaccines (2023) 141
www.nature.com/npjvaccines
ARTICLE OPEN
Duration of SARS-CoV-2 mRNA vaccine persistence and factors associated with cardiac involvement in recently vaccinated patients
Aram J. Krauson, Faye Victoria C. Casimero, Zakir Siddiquee and James R. Stone
a
Vaccine PCR+
Vaccine PCR-
Left Ventricle
Right Ventricle
b
Patients Dying within 30 Days of Vaccination
4/7
P=0.003
0/17
Percentage of Ventricles with Vaccine in the Ventricle (%)
Ventricles with Myocardial Injury at Vaccination
Ventricles without Myocardial Injury at Vaccination
vaccines
MDPI
Case Report
A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19
Michael Mörz
Figure 9. Frontal brain. Positive reaction for SARS-CoV-2 spike protein.
Figure 10. Brain, Nucleus ruber.
Figure 13. Heart left ventricle. Positive reaction for SARS-CoV-2 spike protein.
Figure 14. Heart left ventricle. Negative immunohistochemical reaction for SARS-CoV-2 nucleocapsid protein.
Received: 20 May 2024 | Accepted: 10 October 2024
DOI: 10.1111/pin.13491
CASE REPORT
Pathology WILEY
Multifocal meningoencephalitis after vaccination against COVID-19
Shuji Mikami | Mitsuru Ishii | Tetsuhiro Yano | Ichiro Hirayama | Yuichiro Hayashi | Takayuki Shiomi | Yoshiteru Tominaga | Tsuyoshi Ishida
Positive control (lung)
Thalamus
Pons
COVID-19, spike
COVID-19, nucleocapsid
Bars, 100 µm
FIGURE 4 Immunostaining for SARS-CoV-2 spike protein in the positive control lung tissue (a), thalamus (b), and pons (c). SARS-CoV-2 nucleocapsid staining in the positive control tissue (d), thalamus (e), and pons (f). Arrows in (b, c) indicate SARS-CoV-2 spike protein staining-positive glia and insets in (b and c) indicate SARS-CoV-2 spike protein staining positive microvessels. Bars, 100 µm. SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.
Pituitary gland
Adrenal gland
HE
COVID-19, spike
COVID-19, nucleocapsid
Bars, 100 µm
FIGURE 5 HE staining (a, b), SARS-CoV-2 spike protein immunostaining (c, d), and nucleocapsid staining (e, f) in the pituitary and adrenal glands. The inset in (c) indicates SARS-CoV-2 staining-positive microvessels. Bars, 100 µm. SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

Click here for an enlarged view

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These autopsy findings—drawn from multiple independent studies—provide irrefutable evidence that COVID-19 vaccines can cause fatal injuries to the heart, brain, and other vital organs. In many cases, death occurred within days of vaccination, and vaccine-derived mRNA and spike protein were repeatedly detected in the tissues of the deceased—often in the absence of natural infection. The evidence meets and far exceeds the threshold for a Class I recall—the FDA's most serious category for products that pose a risk of death or serious injury. An immediate market withdrawal of COVID-19 vaccines is both medically necessary and ethically imperative.

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***Nicolas Hulscher, MPH**, Epidemiologist and Foundation Administrator, McCullough Foundation*

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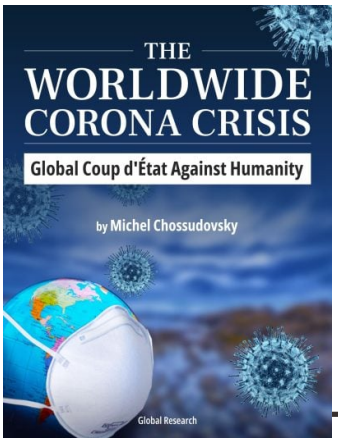

The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project "destroys people's lives". He provides a comprehensive analysis of everything you need to know about the "pandemic" — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

"My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the "deadly" COVID-19 "vaccine". This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument."

Reviews

*This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —***Dr. Mike Yeadon**

*In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky's book is a rock upon which to sustain our fight. –***Dr. Emanuel Garcia**

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden "plandemic"; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test – which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. **—Peter Koenig**

*Professor Chossudovsky exposes the truth that "there is no causal relationship between the virus and economic variables." In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. –***David Skripac**

A reading of Chossudovsky's book provides a comprehensive lesson in how there is a global

coup d'état under way called "The Great Reset" that if not resisted and defeated by freedom loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. –**Edward Curtin**

ISBN: 978-0-9879389-3-0, **Year:** 2022, PDF Ebook, **Pages**: 164, 15 Chapters

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